

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Ichirou YODA et al.
Serial No: 10/510,676
Confirmation No.: Not Assigned
Filed: October 6, 2004
For: Intake System For Engine

Art Unit: Not Assigned
Examiner: Not Assigned

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
February 3, 2005

Date of Deposit
Jayce Hegerman
Name
Signature
February 3, 2005
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above application are the following items.

- ☒ Supplemental Preliminary Amendment
☒ Return postcard

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	LG=\$50 SM=\$25	\$(FEE) \$ 0
INDEPENDENT CLAIMS FEE	6	-	3	***	LG=\$200 SM=\$100	\$200 \$ 600
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
TOTAL						\$ 600

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found on the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A check in the amount of \$ 600 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: February 3, 2005

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California
90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

02/10/2005 SHAWARRD 0000066 10510676

01 FC:1614

600.00 OP